

Authorisation Intermediary

Undersigned (the main applicant)

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Partner 1 Organisation Contact person Position Undersigned (the partner(s) if applicable) Partner 1 Organisation Contact person Position Partner 2 Organisation Contact person Position Partner 3 Organisation Contact person Position

Partner 4
Organisation
Contact person
Sintast person
Position
Partner 5
Organisation
Contact person
Position
Authorises
Organisation
Contact person
Contact person
Position
Describe
Regarding Name subsidy programme
Name project
Check the appropriate boxes
☐ to complete and submit the subsidy application form on my behalf
\square to complete and submit the subsidy application form and to perform all related actions up to
the administrative decision on my behalf
to report on my behalf about the project progress and to submit on my behalf all the documents
required for the settlement of the subsidy to appeal against the administrative decision on my behalf
other
This authorisation is valid until cancellation by the applicant and the partner
Signature Applicant Date
Place
Signature applicant

Signature Partner 1 Date	
Date	
Place	
Signature partner 1	
Signature Partner 2 Date	
Place	
Signature partner 2	
Signature Partner 3 Date	
Place	
Place	
Signature partner 3	
Signature Partner 4 Date	
Place	
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Signature partner 4	
Signature Partner 5 Date	
Place	
Signature partner 5	